

## Adoption/Homestudy Application

Applicant \_\_\_\_\_

Co-applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Work phones: \_\_\_\_\_

Applicant

Co-Applicant

Home email \_\_\_\_\_

Applicant work email \_\_\_\_\_

Co-applicant work email \_\_\_\_\_

Date and place of Marriage \_\_\_\_\_

Previous address \_\_\_\_\_

\_\_\_\_\_

Applicant

Co-Applicant

Maiden/Other  
Names Known by \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_

Citizenship \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

\_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Annual Income \_\_\_\_\_

\_\_\_\_\_

# of divorces \_\_\_\_\_

\_\_\_\_\_

# of years in WA \_\_\_\_\_

\_\_\_\_\_

List all children:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Adopted \_\_\_\_\_ Biological \_\_\_\_\_ Lives with \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Adopted \_\_\_\_\_ Biological \_\_\_\_\_ Lives with \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
Adopted \_\_\_\_\_ Biological \_\_\_\_\_ Lives with \_\_\_\_\_

List more on separate piece of paper.

Other non-family members living in the home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Does either applicant or co-applicant have history of serious illness or any chronic conditions? Explain.

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Has either applicant or co-applicant ever lost a child? How and when?

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I am/We are interested in adopting \_\_\_\_\_ child(ren). (check all that apply)

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ 3-5 years \_\_\_\_\_ 5 years + \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Siblings \_\_\_\_\_ Twins \_\_\_\_\_

Special needs \_\_\_\_\_ What kind of special needs? \_\_\_\_\_

Country(s) preferred: \_\_\_\_\_

Comments \_\_\_\_\_

Please explain your desire and decision to adopt:

Please provide the following information if other than Life's Vision International

Homestudy

Adoption

SW or Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Date completed: \_\_\_\_\_

Do you have USCIS approval? \_\_\_\_\_

Date: \_\_\_\_\_

Have you applied elsewhere to adopt a child? \_\_\_\_\_

If so, when and where?

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been denied approval to adopt? Yes \_\_\_\_\_

No \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## CONFIDENTIAL DISCLOSURE

Please know that a "yes" answer to any of the questions below will not automatically preclude you from adopting a child. These questions are being asked to ensure that all important issues are openly addressed. It is essential, then, that you answer truthfully. Be assured that all of your answers will be kept in strict confidence.

	<b>Prospective Mother</b>		<b>Prospective Father</b>	
	Yes	No	Yes	No
Have you: Been in bankruptcy? If so, date?				
Been in a mental hospital?				
Had psychiatric help?				
Had prescribed for you or used any medication which causes emotional change as its primary function (i.e. Prozac, Valium,				
Ever had a drug/alcohol problem?				
Been a victim of abuse?				
Ever had or do you currently suffer from an eating disorder?				
Been charged with and/or investigated for child abuse?				
Ever been arrested or charged with a crime or felony?				
Had a criminal conviction? Even as an adolescent?				
Been turned down by an adoption agency for any reason?				
Filed for divorce, dissolution, legal separation or annulment of present marriage?				
As a couple, been separated in the past two years?				
In the past two years, seen a counselor for marital problems?				
Been past due on court-ordered installment of child support?				

Have any persons living in your home ever:

- been charged with and/or investigated for child abuse? \_\_\_\_\_
- been arrested or charged with a crime or felony of any kind? \_\_\_\_\_
- had a criminal conviction? \_\_\_\_\_
- had a drug/alcohol problem? \_\_\_\_\_

If your answer is "yes" on any of the above questions, please explain below:

REFERENCES:

Name

Phone

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We/I hereby testify that the above information is correct and accurate as of the time we completed this application. We/I understand that any willful misrepresentation of the answers on the application or subsequent documents could result in termination of adoption services and denial of an adoption.

Signatures

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Applicant

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Date

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Co-Applicant

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Date

**Please send with non-refundable application fee of \$125.**

Life's Vision International does not have any control over foreign laws and requirements. Please do not submit this application if you have a history of serious medical, mental illness or emotional problems, recent loss of a child, are currently in marriage counseling, have a current alcohol or drug habit, or have a felonious criminal record.

You will be informed of acceptance or denial of this application within one week of receipt by Life's Vision International.

How did you learn about Life's Vision International:

## ACCEPTANCE OR DENIAL OF APPLICATION POLICY

Life's Vision International agrees that all parties involved need to be considered to protect the best interest of children and we reserve the right to not work with any family or individual. Applications will/can be denied under the following circumstances anytime during the adoption process:

- False information stated on application
- Refusal to comply with pre and post placement requirements
- Child abuse complaint filed against any individual in the home
- Serious medical issues, mental illness or emotional problems
- Recent loss of a child
- Become pregnant during the adoption process
- Currently in marriage counseling
- Current alcohol or drug habit
- Felonious criminal record, even if long ago or when under age
- Pursuing an adoption with another agency at the same time

Some clients may face additional challenges with their paperwork overseas, due to issues in their family background. Any of the above issues may cause foreign governments to scrutinize your adoption more closely, request additional documentation, delay the processing of your adoption, or deny your application to adopt despite our best efforts.

We/I understand that Life's Vision International's Orientation Packet explains the agency's policies and procedures.

We/I understand if the application is accepted the Homestudy Agreement or Placement Agreement outlines the fee and refund structure.

\_\_\_\_\_  
Adoptive Parent

\_\_\_\_\_  
Adoptive Parent

Date: \_\_\_\_\_

Date: \_\_\_\_\_